



Insurance Agent Questions and Answers

Please note: due to periodic changes in state and federal law and Kentucky Access program rules, answers to questions posed herein are subject to change. For the most up-to-date information, visit the program's web site at www.KentuckyAccess.com.

Q1. What is Kentucky Access?

- A. Kentucky Access is a state authorized health plan that offers medical coverage to Kentuckians who find it difficult to obtain health insurance in the individual insurance market.

Q2. Who is eligible for Kentucky Access?

- A. There are basically six ways an individual can qualify for Kentucky Access:

- HIPAA Eligible — Applies to current Kentucky residents who qualify as “eligible individuals” under the federal Health Insurance Portability and Accountability Act (HIPAA), including individuals coming off the following types of medical coverage: group, church plan, governmental, COBRA, or state continuation; or
- GAP Eligible — Applies to participants in the state Guaranteed Acceptance Program (GAP); or
- High Cost Condition — Applies to 12-month Kentucky residents with one or more of the following high cost medical conditions:

AIDS	Juvenile Diabetes	Quadriplegia
Angina Pectoris	Leukemia	Stroke
Ascites	Metastatic Cancer	Syringomyelia
Chemical Dependency	Motor or Sensory Aphasia	Wilson's Disease
Cirrhosis of the Liver	Multiple Sclerosis	Chronic Renal Failure
Coronary Insufficiency	Muscular Dystrophy	Malignant Neoplasm of the Trachea
Coronary Occlusion	Myasthenia Gravis	Malignant Neoplasm of the Bronchus
Cystic Fibrosis	Myotonia	Malignant Neoplasm of the Lung
Friedreich's Ataxia	Open Heart Surgery	Malignant Neoplasm of the Colon
Hemophilia	Parkinson's Diseases	Short Gestation Period for a Newborn
Hodgkin's Disease	Polycystic Kidney	Low Birth Weight of a Newborn; or
Huntington's Chorea	Psychotic Disorders	

- Rejection by One Insurer — Applies to 12-month Kentucky residents who have been rejected by a private insurer for individual medical coverage substantially similar to Kentucky Access coverage; or
- Higher Premium Quote — Applies to 12-month Kentucky residents who have been offered individual medical coverage at a premium rate higher than the premium rate charged by Kentucky Access for substantially similar coverage; or
- Spouse or Child — Applies to 12-month Kentucky residents who are eligible dependents of a Kentucky Access enrollee.

For complete details, contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q3. Who is NOT eligible for Kentucky Access?

A. Your client may NOT be able to qualify for Kentucky Access if:

- On the effective date of his/her Kentucky Access coverage, your client has or is eligible for substantially similar coverage under another health care contract or policy, such as Medicare, Medicaid, group medical coverage, association medical coverage, individual medical coverage, COBRA coverage, state continuation coverage, or state conversion coverage:
 - An individual who waives group medical coverage is ineligible for Kentucky Access during the waived period; however, his or her spouse and dependents may be eligible;
 - Provided he or she is willing to terminate the other coverage, a person eligible for individual medical coverage may be able to qualify for Kentucky Access if he or she is a participant in the state Guaranteed Acceptance Program (GAP) or if he or she is offered a higher premium rate than the premium rate offered by Kentucky Access for substantially similar coverage; or
- Your client's Kentucky Access premium will be partially or completely paid for or reimbursed by a third party such as an employer, a government funded or sponsored program, a government agency, a health care provider, a public or private foundation, a church or church-affiliated organization, or any person other than your client, your client's spouse, your client's parent, your client's adult child, or your client's legal guardian; or
- Your client is confined to a public institution, incarcerated in a federal, state, or local penal institution, or in the custody of federal, state, or local law enforcement authorities, including work release programs (does not apply to HIPAA eligibles); or
- Your client has one of the four "non-standard" Kentucky Access benefit plans and has reached his or her \$2,000,000 lifetime maximum; or
- Your client terminated Kentucky Access coverage less than 12 months ago without a good faith reason for the termination.

For complete details, contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q4. How much time does my client have to obtain Kentucky Access coverage if a private insurance carrier denies coverage?

A. In most cases, it is important that your client act IMMEDIATELY if he or she is rejected for coverage by a health insurance carrier. Immediate action may be required to avoid a 63-day lapse in medical coverage. Your client should obtain a denial letter from the private insurance carrier as soon as possible to avoid a 63-day lapse in medical coverage.

Q5. What is the significance of a 63-day lapse in coverage?

A. A 63-day lapse in coverage during the past 18 months could prevent your client from qualifying as an "eligible individual" under the federal Health Insurance Portability and Accountability Act (HIPAA). This may be important because (a) HIPAA eligible individuals do NOT have to be 12-month Kentucky residents to qualify for the Kentucky Access program (current Kentucky residency is sufficient), and (b) HIPAA eligible individuals are NOT subject to pre-existing medical condition exclusions.

Persons unable to qualify as "eligible individuals" under HIPAA must qualify for Kentucky Access under one of the other Kentucky Access eligibility categories. Most of the other eligibility categories require that an individual be a 12-month Kentucky resident (current Kentucky residency is typically NOT sufficient); and ALL of the other eligibility categories subject the applicant to the normal rules concerning exclusion of pre-existing medical conditions. A 63-day lapse in coverage during the past 12 months could prevent your client from obtaining a waiver of the pre-existing condition exclusion or a reduction in the 12-month pre-existing condition exclusion period.

Q6. How can my client apply to Kentucky Access?

- A.** One way for your client to apply to Kentucky Access is to visit the program's web site at **www.KentuckyAccess.com**, where he or she can view all program enrollment materials and download all necessary applications and other forms. Completed application forms and other necessary materials can then be sent to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. Your client can also contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750) to request that an enrollment packet be mailed to him or her.

Q7. When will my client's Kentucky Access coverage go into effect?

- A.** Assuming your client's application is approved and he or she does not request a later effective date (see discussion below), your client's coverage will automatically take effect on the first day of the month following the month in which his or her application is received by the Kentucky Access program. For example, if your client's application is received by Kentucky Access on June 10, if and when your client is approved, he or she will be assigned a July 1 effective date.

The automatic effective date described above is mandated by Kentucky law. For that reason, the Kentucky Access program is NOT permitted to assign retroactive effective dates (i.e., effective dates prior to the first day of the month following the month in which the application is received by Kentucky Access). If your client is in need of a particular effective date to avoid a lapse in coverage, your client must be careful to ensure his or her application is received by Kentucky Access in time to obtain the desired effective date. Your client should make every effort to ensure his or her application is complete and that all necessary supporting documentation and premium payments are included. A checklist of necessary information and materials is included with the application form.

If your client needs to get an application to Kentucky Access at the last minute, he or she can fax a copy of the application to 317-614-2001. However, faxed versions of documents will not be used as the bases for determining eligibility for the Kentucky Access program. The version of the application containing your client's original signature, as well as the originals of any necessary supporting documents and the initial premium payment, must still be mailed to the Kentucky Access program by the close of the next business day.

If your client wants a different effective date, Kentucky law allows your client to request a later effective date, not to exceed a date three months after the month in which his or her application is received. Special requests of this type CAN include "middle of the month" effective dates. For example, if your client's application is stamped by Kentucky Access as "received" on June 10, your client may request, as an effective date, any date between July 1 and September 30.

Q8. Will my client be rated the same as everyone else of his/her age and gender?

- A.** Yes. Age, gender, and choice of benefit plan are the only factors used to determine premium rates in the Kentucky Access program. Premium rates may be viewed on the program's web site at **www.KentuckyAccess.com** and are also included in the enrollment packet.

Q9. What is the best way to maintain Kentucky Access coverage?

- A.** As long as your client pays premiums and continues to meet other applicable eligibility requirements, he or she will continue to be eligible for Kentucky Access coverage.

- Q10. If my client is eligible for Medicare or Medicaid at the time he or she applies for coverage with Kentucky Access, will my client be permitted to enroll in Kentucky Access?**
- A.** No. Individuals who are eligible for Medicare or Medicaid—whether by virtue of age, income, or disability—are ineligible to apply for coverage with Kentucky Access.
- Q11. If my client has coverage with Kentucky Access and later becomes eligible for Medicare or Medicaid coverage, will my client be permitted to continue coverage with Kentucky Access?**
- A.** Yes. If your client is already in the Kentucky Access program and later becomes eligible for Medicare or Medicaid, your client may continue his or her Kentucky Access coverage.
- Q12. Are insurance agents licensed to sell Kentucky Access coverage?**
- A.** Agents do not sell Kentucky Access benefit plans. However, any insurance agent currently licensed by the Kentucky Department of Insurance may refer a client to Kentucky Access. Consumers may apply to Kentucky Access with or without the assistance of an agent.
- Q13. How are agents compensated?**
- A.** An agent will be paid a one-time referral fee of \$50 once a client has been determined eligible for and enrolled in Kentucky Access. In order for an agent to receive the referral fee, the client must indicate on the application form that the agent referred the client to Kentucky Access.
- Q14. Will it cost my client more to deal through an agent?**
- A.** Since agent referral fees are not factored into your client's rates, there is no additional cost to your client for being referred by an agent. Agents are typically much more familiar with health care coverage than consumers and it is generally a good idea for consumers to work with agents they know and trust.
- Q15. Will my client receive a rate or benefit comparison form?**
- A.** No. Information about Kentucky Access rates and benefits may be viewed on the program's web site at www.KentuckyAccess.com and are also included in the enrollment packet. Your client will have to perform his or her own comparison if he/she wants to compare Kentucky Access rates and benefits with rates and benefits available elsewhere in the individual insurance market. You may be able to furnish your client information about the products of private insurers.
- Q16. Who is the administrator? Who processes claims?**
- A.** Kentucky Access is directly overseen by the Kentucky Department of Insurance through a newly-created, separate division of the Department. Benefits are administered by a third-party administrator, under contract. Enrollment, claims, and other questions should be directed to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. Your client may also call Kentucky Access Customer Service, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).
- Q17. Who should be contacted if an ID card is not received or if a card is lost?**
- A.** Kentucky Access Customer Service should be contacted, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q18. When are premium payments due?

- A. Your client may choose from a number of different premium payment options including monthly, quarterly, semi-annually, or annually. If your client elects to pay monthly, your client must enclose with his or her application the first two months worth of premium. If your client elects to pay quarterly, semi-annually, or annually, your client must enclose with his or her application the entire premium for the period elected. The initial premium check must be attached to the application and mailed to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. The check should be made payable to "Kentucky Access."

Once the initial premium payment has been mailed to Kentucky Access and your client has been approved for coverage, your client may either (a) mail subsequent premium checks to Kentucky Access, P.O. Box 5635, Indianapolis, IN 46255, or (b) have subsequent premium payments electronically transferred from his or her bank account to Kentucky Access by means of monthly "electronic fund transfers" (EFTs). An EFT form may be downloaded from the program's web site at **www.KentuckyAccess.com** and is also included in the enrollment packet.

Q19. Can my client's spouse and children be included in his or her Kentucky Access coverage?

- A. Yes. As long as they can provide proof of 12 month Kentucky residency, spouses and dependent children of eligible Kentucky Access enrollees may be included in Kentucky Access coverage. Additional premiums are charged for coverage of spouses and other dependents.

Q20. What benefit plan options are available to Kentucky Access enrollees?

- A. Kentucky Access offers three different health benefit plans:
- Traditional Access — traditional, indemnity type plan
 - Premier Access — PPO (preferred provider organization) type plan
 - Preferred Access — PPO (preferred provider organization) type plan

Each of the PPO plans offers more than one cost-sharing option. Altogether, Kentucky Access offers six different benefit/cost sharing options designed to give applicants a variety of choices.

Each Kentucky Access benefit plan also offers (at additional cost) a prescription drug rider and a mental health parity rider. Information on benefit plans and riders is available on the program's web site at **www.KentuckyAccess.com** and is included in the enrollment packet.

Q21. What health care providers are in the network?

- A. The Kentucky Access program uses several Anthem Blue Cross and Blue Shield statewide health care provider networks. The "Traditional Access" benefit plan uses Anthem's *Kentucky Traditional* network, while the "Premier Access" and "Preferred Access" benefit plans use Anthem's *Option 2000 Advantage* network. All three benefit plans use the Anthem Pharmacy and PPO Mental Health Networks. Please visit the program's web site at **www.KentuckyAccess.com** or refer to the enrollment packet for additional information about provider networks.

- Q22. Some of the Kentucky Access plans have maximum lifetime limits. What happens when those limits are reached? Will coverage be available under another Kentucky Access plan?**
- A.** Two of the six Kentucky Access benefit/cost sharing options are associated with benefits identical to those in the Kentucky standard plan. Like the benefits in the Kentucky standard plan, the benefits associated with these two benefit/cost sharing options do NOT have lifetime maximums. The other four “non-standard” Kentucky Access benefit/cost sharing options are each associated with benefits having a \$2,000,000 lifetime maximum. If your client selects one of the four “non-standard” benefit/cost sharing options and reaches the lifetime maximum, he or she will immediately become ineligible for Kentucky Access.
- Q23. Can my client apply for Kentucky Access coverage any time during the year or is there a limited enrollment period?**
- A.** Your client may apply for Kentucky Access at any time during the year.
- Q24. If my client currently has individual coverage with a private insurer, can my client be forced to switch to Kentucky Access?**
- A.** No. As long as your client continues to pay his or her premiums and meet other applicable requirements, your client’s policy with the private insurer is guaranteed renewable under Kentucky law. The Kentucky Department of Insurance will monitor this situation to assure your client’s rights are protected.
- Q25. Will Kentucky Access pay my client’s premium if he or she has a limited income?**
- A.** No. Although it is expected Kentucky Access will subsidize program costs to some extent, your client must still be able to afford and pay the program’s stated premiums. Kentucky Access is not designed to serve indigent citizens or to completely subsidize program costs.
- Q26. If my client is on COBRA or state continuation coverage, and the premium rate is higher than the premium rate offered by Kentucky Access for substantially similar coverage, can my client switch to Kentucky Access?**
- A.** No. However, once COBRA or state continuation coverage has been exhausted or is no longer available (for example, if your client’s employer discontinues coverage), your client may be eligible for Kentucky Access coverage.
- Q27. Two members of the same family have high cost conditions. Can they be included in the same Kentucky Access benefit plan or do they each need a separate plan?**
- A.** Both family members can be covered under the same benefit plan.
- Q28. How often can Kentucky Access enrollees change benefit plans and/or cost sharing options?**
- A.** Enrollees will be permitted to change benefit plans and/or cost sharing options once a year, at the time of renewal.



www.KentuckyAccess.com

Revised 8/15/02